(Rev January 2020)

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

▶ Do not enter social security numbers on this form as it may be made public

Open to Public

OMB No 1545-0047

nternal Revenue Service			▶ Go	to www.irs.ge	ov/Form990 for it	structions and the late	st info	rmation.	<u> </u>	' Ins	ection		
A	For the 2	019 calen	dar year, or tax ye	30	, 20 20								
В	Check if ag	plicable	C Name of organiza	tion Morganto	wn High School	Foundation, Inc.			D Employer identification numb				
	Address ch	nange	Doing business a	s	•					55-07499	89		
$\overline{\Box}$	Name char	•	Number and stree	et (or PO box if	mail is not delivered	to street address)	Room/	'suite	E Telep	hone number			
Ħ	Initial return	•	P.O. Box 1431		304-413-0	497							
H													
Ħ		eturn/terminated City or town, state or province, country, and ZIP or foreign postal code ded return Morgantown, WV 26507-1431									63,446		
	Amended	,			nom Mark I Nocc	elroad, Treasurer	1.	U(a) is the a se		or subordinates?	Yes V No		
Ш	Application	n penaing	r Name and adores	s or principal on	cer Mark J. Ness	elloau, lleasulei					Yes No		
_	T		√ 501(c)(3)	[] 501(a) () ◀ (insert no)	4947(a)(1) or 527	 	r ·		ies included / (ist (see instruc			
<u>'</u>	Tax-exemp			501(c) (_ 		 -			•	Stions		
J 			cebook.com/morg					H(c) Group e			cile WV		
K.			Corporation Tr	ust Associa	tion	L Year of for	mation	1996	W State	of legal domi	cile VV		
۲	art I	Summa		41 1						'h	!		
_	1	-	-			ificant activities: (a) re							
Activities & Governance						& (b) foster & enhanc							
Ŧ						educational departmen							
Š				-		operations or dispos	ed of n	nore than	25% 01	its net ass	ets.		
ၓ	3 N	lumber of	voting members	s of the gove	rning body (Parl	VI, line 1a)		- hr	-3-		14		
త	4 N	lumber of	independent vo	iting member	s of the governi	ng body (Part VI, line	1b) .	REC	j = 4\l	ED	14		
ties	5 T	otal numb	per of individuals	s employed ir	n calendar year 2	2019 (Part V, line 2a)	-1.		5_		0		
ž	6 T	otal numb	per of volunteers	(estimate if i	necessary) .		\£	Law.	6	18	14		
Å	7a T	otal unrel	ated business re	evenue from l	Part VIII, column	(C), line 12		NOV ;	2 7a2	D20 101	0		
	b N	let unrelat	ted business tax	able income	from Form 990-	T, line 39	_! .	ــبــا	7b.		0		
							1.	Prior Yea	N=.F	I T Curre	nt Year		
•	8 0	Contributio	ons and grants (F	Part VIII, line	1h)		-	····	-58,272		47,032		
Revenue	1		ervice revenue (I				0		0				
)Ve	1	-	t income (Part V			7d)	-		4278	-	4563		
č			nue (Part VIII, co						13,988		6,604		
						'III, column (A), line 12)	. —		76,538	1	58,199		
	+		sımılar amount		-				15,022		11,504		
			aid to or for men				\vdash		13,022		11,304		
		•		•	• • •	column (A), lines 5–10)	_						
Expenses			•				· -		0				
Ë	1		al fundraising fe										
X			aising expenses	•			· 				4504		
_		-	enses (Part IX, co				-		1843	1	1521		
		-				olumn (A), line 25) .	-		16,865	1	13,025		
. #		revenue ie	ess expenses. S	ubtract line 1	8 from line 12	<u> </u>	 _ :		59,673	+	45,174		
20 8	<u> </u>			••			Begii	nning of Curr	_	+	of Year		
Sset	20 T		ts (Part X, line 16	•					<u> 259,027</u>	<u> </u>	304,201		
Net Assets Fund Ralan	21 T		ties (Part X, line	-	• •		<u> </u>		0	 	0		
			or fund balance	s. Subtract li	ne 21 from line	<u> 20 </u>			259,027	<u> </u>	304,201		
	art II		re Block			 							
Ur	nder penalti	es of perjury	, I declare that I have	e examined this r	eturn, including acco	ompanying schedules and s all information of which prep	tatemen parer has	ts, and to the	e best of a	my knowledge	and belief, it is		
	e, correct,	. Complet	e Declaration of other	parer tottler trian	Officer) is based on			1					
۸.	≮		1/20 6	200									
	gn 🚽	Signat	ure of officer					Date		2020			
He	ere	Ma	ch S. Nes	sclroad,	freasure	<i></i>		_///_	12/1	2020			
		7 Type o	r print name and title	, ,	<u></u>				· -				
P۶	aid	Print/Type	preparer's name		Preparer's signatui	e	Date		Check	_			
	eparer								self-em	ployed			
	se Only	Firm's nai	ne 🕨					Firm's	s EIN 🕨				
U	o c Only	Firm's add	dress ▶					Phon	e no				
Ma	ay the IRS	discuss	this return with t	he preparer s	shown above? (s	see instructions)				. <u> </u>	res □ No		
											000 (22.22)		

_		•
Pao	е	4

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The purposes of the Foundation are to (a) receive & administer contributions of money, securities, or anythign of value for scientific,
	educational, and charitable purposes directly related to Morgantown High School in WV; and (b) foster & enhance educational opportunities for MHS students & faculty through grants and contributions to MHS, any separate & distinct educational department
	or division thereof, or any MHS student or faculty member.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 5,023 including grants of \$ 5,023) (Revenue \$)
	Grants for scientific, educational, and charitable purposes directly related to Morgantown High School for purposes of fostering and
	enhancing educational opportunities of MHS students and faculty. Grants are made to students, faculty, staff, educational
	departments, and MHS itself. Examples include faculty professional development, faculty workshop and conference registrations,
	youth leadership conference registration, Rhododendron Girls State program registration, English novels, self-esteem and healty
	relationship presentations, forensice program equipment, science software and lab equipment, and magnetic white boards.
	(0.1
4b	(Code:) (Expenses \$ 5,900 including grants of \$ 5,900) (Revenue \$)
	Awards and scholarships for scientific, educational, and charitable purposes directly related to Morgantown High School for purposes of fostering and enhancing educational opportunities of MHS students and faculty. Awards and scholarships are made to
	students, faculty, staff, educational departments and MHS itself. Examples include tuition, board, and books scholarships to students
	students, faculty, staff, educational departments and MHS itself. Examples include tuition, board, and books scholarships to students attending insitutions of higher education
	attending insitutions of higher education
4c	attending insitutions of higher education
4c	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ 581 including grants of \$ 581) (Revenue \$) Designated fund payments for scientific, educational, and charitable purposes directly related to Morgantown High School for purposes of fostering and enhancing educational opportunities of MHS students and faculty. Designated fund payments are made to or on behalf of students, faculty, staff, educational departments and MHS itself. Examples include math and science
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•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	√	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	✓	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	<u> </u>		
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓_
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21 	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
		_	200	

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		✓
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		√
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	√	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	1	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u>····</u>	Yes	No
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		res	140
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	i		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
v	reportable gaming (gambling) winnings to prize winners?	1c	 	ĺ

art '	Statements Regarding Other IRS Filings and Tax Compliance (continued)									
,			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			İ						
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓						
b	· · · · · · · · · · · · · · · · · · ·									
4a										
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓						
b	If "Yes," enter the name of the foreign country ▶									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a_		✓						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		1						
	organization solicit any contributions that were not tax deductible as charitable contributions?	- Ua		-						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or aifts were not tax deductible?	6b								
~	gifts were not tax deductible?	00								
7_										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	 7a	—	7						
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-						
				<u> </u>						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1						
d	If "Yes," indicate the number of Forms 8282 filed during the year			,						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		7						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		7						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
0	sponsoring organization have excess business holdings at any time during the year?	8	_	1						
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1						
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1								
11	Section 501(c)(12) organizations. Enter.	1								
а	Gross income from members or shareholders			:						
ь	Gross income from other sources (Do not net amounts due or paid to other sources		ŀ							
	against amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		L	ļ						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which	!								
	the organization is licensed to issue qualified health plans	ł								
С	Enter the amount of reserves on hand		<u> </u>	ļ.,						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	✓						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	<u> </u>	1						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15_	ļ	✓						
	If "Yes," see instructions and file Form 4720, Schedule N.			<u> </u>						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		✓						
	If "Yes," complete Form 4720, Schedule O.	l	l _	L						

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Scheduline	below, ıle O. S	and : See in:	for a struct	"No" tions.					
	Check if Schedule O contains a response or note to any line in this Part VI				✓					
Section	on A. Governing Body and Management									
		r		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	14								
	If there are material differences in voting rights among members of the governing body, or									
	if the governing body delegated broad authority to an executive committee or similar									
	committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent .									
b										
any other officer, director, trustee, or key employee?										
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f		3 4		✓					
5	Did the organization become aware during the year of a significant diversion of the organization's assets'		5		1					
6	Did the organization have members or stockholders?		6		✓					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appone or more members of the governing body?	ooint	7a	/						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) members of the organization reserved to (or subject to approval by) and (or subject to approval by) and (or subject to ap	bers.								
-	stockholders, or persons other than the governing body?	.	7b		✓_					
8	Did the organization contemporaneously document the meetings held or written actions undertaken di	uring								
	the year by the following:		-	$\overline{}$						
a	The governing body?	• }	8a 8b	▼						
ь	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	ad at	00	•						
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		✓					
Secti	Section B. Policies (This Section B requests information about policies not required by the Internal Revenue									
		r		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		10a		✓					
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chap affiliates, and branches to ensure their operations are consistent with the organization's exempt purpose	s?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	orm?	11a		✓,					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ŀ			اب					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	instant	12a 12b		✓					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conf		120							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "describe in Schedule O how this was done	res,	12c							
13	Did the organization have a written whistleblower policy?		13		1					
14	Did the organization have a written document retention and destruction policy?	.	14		1					
15	Did the process for determining compensation of the following persons include a review and approve independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.									
а	The organization's CEO, Executive Director, or top management official		15a		7					
b	Other officers or key employees of the organization		15b		7					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	Ì								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	16a							
	with a taxable entity during the year?	te ite	100		1					
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguare	d the								
C = 4.	organization's exempt status with respect to such arrangements?		16b		<u> </u>					
<u>Secτι</u> 17	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ WV									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	 990_T	(Sec	tion f	501(~)					
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website. Another's website. Upon request. Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, coi and financial statements available to the public during the tax year.				olicy,					
20	State the name, address, and telephone number of the person who possesses the organization's books									
	Paulette Metcalf, 640 Sherman Ave., Mgtn., WV 26501 304-291-0672 & Mark J. Nesselroad (see address below)	204-4 5	-045/							

_		-
Pan	•	•

Part VII	Compensation of Officers, Directors	, Trustees, Key Employees	, Highest Compensated Employees	, and
•	Independent Contractors			

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

[7] Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if neither the organization noi	r any relate	a org	anız		_	ompe	nsa	ted any current	officer, director,	or trustee.
				•	C)					
(A)	(B)	(40.0	at ab		ition		220	(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated amount
	hours per week	office	officer and a director/trustee					compensation from the	compensation from related	of other compensation
	(list any	유표	Inst	Officer	<u>₹</u>	em Hig	Forme	organization	organizations	from the
	hours for	l red	ii i	Cer	eg .	hest	mer	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	related organizations	Individual trustee or director	ona	ŀ	Key employee	8 6				related organizations
	below	25	2		è	#			ļ	
	dotted line)	8	Institutional trustee			Highest compensated employee				
			٣			8				
(1) Earl Straight, President/Director	2									
549 Madison Ave., Morgantown, WV 26501		1		✓			<u> </u>	0	o	0
(2) Stephanie Lorenze, Vice President/Director	11									
353 Baldwin St , Morgantown, WV 26505		✓		✓	L	ļ	╙	0	0	. 0
(3) Paulette Metcalf, Secretary/Director	11									
640 Sherman Ave., Morgantown, WV 26505		✓		✓	L.	ļ	$oxed{oxed}$	0	0	0
(4) Mark J. Nesselroad, Treasurer/Director	2									
1399 Stewartstown Rd, Ste 200, Mgtn., WV 26505	ļ	✓		✓			L	0	o	
(5) Michele Kelly, Director	11	ļ			•					
80 Dustin Lane, Morgantown, WV 26501		✓	╙	_	<u> </u>		<u> </u>	0	0	
(6) Chase Leone	11									<u> </u>
711 Timberline, Morgantown, WV 26505		✓		L			<u> </u>		0	0
(7) John Lewis, Director	11									
124 Twigg Street, Morgantown, WV 26505		✓_	↓		<u> </u>		<u> </u>	0	c	
(8) Jane Larke, Director	11						ļ			
45 West Park Ave, Westover, WV 26501		✓	<u> </u>	L_	<u> </u>		_	0	<u> </u>) (
(9) John Williams	11	1		ĺ						
25 Robin Lane, Morgantown, WV 26508		✓	_	L.	_		_	0	9	0
(10) Jay Redmond, Director	11									
941 Southpoint Circle, Morgantown, WV 26505	<u> </u>	✓	lacksquare	<u> </u>	L	1	┞-	0	<u> </u>	<u> </u>
(11) Alıa Rai, Director	11									
22 Vintner Place, Morgantown, WV 26505		_✓		L	<u> </u>	<u> </u>	 	0		
(12) Jennifer Secreto, Director/Grant Adminstrato	2]	1		ļ					
4165 Earl Atkins Drive, Morgantown, WV 26501		✓	_	✓	<u> </u>) (
(13) Asritha Sure	11									
267 Palisades Drive, Morgantown, WV 26508	ļ	_✓	_	<u> </u>	_		<u> </u>			
(14) Mallori Straub	11								1	
805 Cottonwood Street, Morgantown, WV 26505	<u> </u>	<u> </u>					<u></u>	0		<u> </u>

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Emį	ploy	yee	s, an	d F	lighest Compe	nsated Em	oloy	yees (conti	nued)			
	,			(C)												
	(A) (B)			(B) Position (do not check more than or						(E)						
•	Name and title	Average					is both		Reportable	Reportable		Estimated ar				
		hours per week	office	er and	_	irect	or/trust		compensation from the	compensation from related		of other compensa				
		(list any	유표	ng	Officer	<u>₹</u>	em Hg	Former	organization	organizations	;	from the				
		hours for related	Individual trustee or director	Institutional trustee	<u> </u>	Key employee	blest] Mer	(W-2/1099-MISC)	(W-2/1099-MIS	iC)	organization related organi				
		organizations	of la	2		탕	မွ င္ခ					related organi	Zations			
		below	ust	2		8	 									
		dotted line)	*	stee			Highest compensated employee				ļ					
			<u> </u>	_			<u> </u>	<u> </u>	-		_					
(15)		ļ					Ì									
		_	<u> </u>	<u> </u>	-	┝		⊢								
(16)				Ì	1											
47		<u> </u>	-		┢		-	┢			\dashv					
71.7																
/40\			├			├		\vdash	1		\dashv					
(18)		 														
(10)			 	┢		╁╌		╁			\dashv					
7137			1		İ											
(20)			 	\vdash	\vdash	┢	-	<u> </u>		_	\dashv					
35.97		} -	1								l					
(21)					一				·							
37.17		†	1													
(22)				T												
S 2		†	1													
(23)																
3==1		†	1													
(24)																
(25)								1								
1b	Subtotal				•	•			0		0		0			
С	Total from continuation sheets to Part	-				•			0		0		0			
d	Total (add lines 1b and 1c)							<u> </u>	0		0		0			
2	Total number of individuals (including but		d to th	nose	e lis	ted	abov	e) w		e than \$100,0	000	of				
	reportable compensation from the organ	ization >							0			l Va	T No			
												Yes	No			
3	Did the organization list any former											3	┤╱			
	employee on line 1a? If "Yes," complete												+			
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	ропа	DIE 150	con	npe าว /	nsauc F "Vo	วก a .e "	ana otner compe complete, Sche	nsation from dule 1 for s	uch					
	individual											4	- 			
5	Did any person listed on line 1a receive of												+			
3	for services rendered to the organization	? If "Yes." (comp	lete	Sci	hed	ule J	for :	such person .			5	1			
Secti	on B. Independent Contractors															
1	Complete this table for your five high	nest comp	ensat	ed	ind	epe	ndent	t co	ontractors that	received mo	re 1	than \$100,	000 of			
-	compensation from the organization. Rep	ort comper	nsatio	n fo	r th	e ca	lenda	ır ye	ear ending with o	r within the or	gan	uzation's ta	x year.			
	(A)							T	(B)			(C)				
	Name and business add	iress						<u>L</u>	Description of ser	vices		Compensation				
								L								
								_								
								1_								
2	Total number of independent contractor							o ti	hose listed abov	/e) who						
	received more than \$100,000 of compens	sation from	the o	rgar	nıza	tion	•		00							

Part	VIII	Statement of Rev Check if Schedule			snon	se or note to an	v line in this Pa	rt VIII		
`		Officer if Ochedule	<u> </u>	ntains a re	зроп	Se of flote to di	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
s s	1a	Federated campaign	ns .		1a	0			<u>-</u>	
Miscellaneous Other Revenue Other Revenue Other Similar Amount	b	Membership dues			1b	0				
	С	Fundraising events			1c	0				
	d	Related organization			1d	0				
	е	Government grants			1e		:			
	f	All other contribution	ns, gil	fts, grants,				,		
		and similar amounts no	ot incl	uded above	1f	47,032				
	g	Noncash contributions included in								
		lines 1a-1f 1g							!	
O e	h	Total. Add lines 1a-	-1f .				47,032			ļ
	•					Business Code				
Ş	2a		·							-
Other Revenue Revenue Amounts Amounts	b									
	C d					·-				
g &	e									
દ્ર	f	All other program se	ervice	revenue						
_	g	Total. Add lines 2a-				🕨	0			
Miscellaneous Other Revenue Contributions, Giffs, Grants Revenue and Other Similar Amounts	3	Investment income								
		other similar amoun					4563	4563		
	4	Income from investr	nent (of tax-exem	npt bo	ond proceeds ►	0			
	5	Royalties	<u> </u>	0						
	_	_	_	(i) Rea	l	(II) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b 6c							
	c d	Rental income or (loss) Net rental income o		<u> </u>		<u> </u>	0			-
	_		1 (105	(i) Securi	· ·	(II) Other				
	7a	Gross amount from sales of assets		(,,		(,,				
		other than inventory	7a						ļ	
	b	Less cost or other basis								
eur		and sales expenses .	7b							
ě	С	Gain or (loss)	7c							
	d	Net gain or (loss)			<u>, —</u>	<u> ▶</u>	0			
	8a	Gross income fro		ındraısıng						
U		events (not including		0						
		of contributions repart IV, line			8a	44.505				
	b	Less: direct expens			8b	11,505 5247		1		
	C	Net income or (loss)					6258			
Other	9a	Gross income	-			1				
		activities. See Part			9a	0				
	b	Less: direct expens	es .		9b	_0				
	С	Net income or (loss) fron	n gaming a	ctiviti	es 🕨				
	10a	Gross sales of in								
	_	returns and allowan			10a		1			
	b	Less: cost of goods			10b				 	
	С	Net income or (loss) iron	sales of If	ivent	Business Code	222	161		
Snc	110	Amazon Smila				453220	124	124	 	-
neous nue	11a b	Amazon Smile				453220	124	124	 	<u> </u>
ella Ver	C									
Sce	d	All other revenue								
Other Revenue Revenue Revenue	e	Total. Add lines 11a				•	124			
	12	Total revenue See				•	59 100			

Part IX Statement of Functional Expens	es
Part X Statement of Functional Expens	es

Section	n 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All	other organizations	must complete colu	mn (A)
	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		опролось	g	1
•	and domestic governments. See Part IV, line 21 .	3190	3190		
2	Grants and other assistance to domestic	3130	3130		
2	individuals. See Part IV, line 22	8314	8314		j
_		0314	0314		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
_	foreign individuals. See Part IV, lines 15 and 16	0	-		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	0			
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0		,	
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	n			
9	Other employee benefits	0			
10	Payroll taxes				"
11	Fees for services (nonemployees):			,	
a	Management	o			
b	Legal	0			
C	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			-
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) .	o			
12	Advertising and promotion	890		890	
13	Office expenses	46		4 <u>6</u>	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0	_		
17	Travel	0			
18	Payments of travel or entertainment expenses				_
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	0			
23	Insurance	0			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Bank and PayPal Fees	428		428	
b	Annual Report & Charitable Org. Registration	65		65	
С	P.O. Box Fee	92		92	
d					
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	13,025			
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here $ ightharpoonup$ if				
	following SOP 98-2 (ASC 958-720)	1	I	l	

P	art X	Balance Sheet			
	•	Check if Schedule O contains a response or note to any line in this Par	t X	<u> </u>	<u></u> <u>.</u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	730	1	1597
	2	Savings and temporary cash investments	179,069	2	223,450
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .	0	6	
g	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	1051	8	977
As	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	78,177	13	78,177
	14	Intangible assets	0		0
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	259,027	16	304,201
	17	Accounts payable and accrued expenses	0		0
	18	Grants payable	0		0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0	_	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
ap		controlled entity or family member of any of these persons	0		0
	23	Secured mortgages and notes payable to unrelated third parties	0	-	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	.0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	0		0
	26	Total liabilities. Add lines 17 through 25	0	20	0
es	Ì	Organizations that follow FASB ASC 958, check here ► ✓			
ă		and complete lines 27, 28, 32, and 33.	75,049	27	07.740
3ai	27	Net assets without donor restrictions	75,049 183,978		87,740
ᅙ	28	Net assets with donor restrictions	183,978	20	216,461
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
S O	29	Capital stock or trust principal, or current funds	0		0
Set	30	Paid-in or capital surplus, or land, building, or equipment fund	0		0
As	31	Retained earnings, endowment, accumulated income, or other funds	0		0
e	32	Total net assets or fund balances	259,027		304,201
<u>z</u>	33	Total liabilities and net assets/fund balances	259,027	33	304,201

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Page		~
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romi 98	(2019)					90 ·-
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			5	8,199
`2	Total expenses (must equal Part IX, column (A), line 25)	2			1	3,025
3	Revenue less expenses. Subtract line 2 from line 1	3			4	5,174
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			25	9,027
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			30	4,201
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII		• •	· ·		
			г		Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other ☐		<u> </u>			1
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	ıın			
_	Schedule O.		ŀ			-
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		Г	2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		ŀ	<u>2b</u>		7
D	Were the organization's financial statements audited by an independent accountant?	 	<u> </u>	20		
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	tea o	na			1
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		į			
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	orciah	t of		—	
С	the audit, review, or compilation of its financial statements and selection of an independent account			2c		
	If the organization changed either its oversight process or selection process during the tax year, e					1
	Schedule O	Apidiii	· · ·			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the I			
Ja	Single Audit Act and OMB Circular A-133?		.	За		✓
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not uni	derao	the			
-	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits		3ь		
				Forn	₁ 990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 55-0749989 Morgantown High School Foundation, Inc. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university. 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having h control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s). (v) Amount of monetary (iii) Type of organization (iv) Is the organization (vi) Amount of (i) Name of supported organization (ii) EIN (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes **Morgantown High School** 5560000366 \$3190 \$0 (B) (C) (D) (E)

\$0

\$3190

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Pan	•	_

Part	Support Schedule for Organiza						
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.) 🖊	
Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					/	
2	Tax revenues levied for the				/		
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities				/		
	furnished by a governmental unit to the						
	organization without charge				' <u> </u>		
4	Total. Add lines 1 through 3			/	-		
5	The portion of total contributions by						
	each person (other than a		,				
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount		/	ľ			
	shown on line 11, column (f)		/		1		
6	Public support. Subtract line 5 from line 4		1				
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,	/	/				
	payments received on securities loans,	/					
	rents, royalties, and income from						
	sımılar sources						
9	Net income from unrelated business						
	activities, whether or not the business	/					
	is regularly carried on	/				 	
10	Other income. Do not include gain or loss from the sale of capital assets	ľ					
	(Explain in Part VI.)						
44	Total support. Add lines 7 through 10		-			-	
11 12	Gross receipts from related activities, etc	L	ons)			12	I
13	First five years. If the Form 990 is for the						on 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo		ie			-	
14	Public support percentage for 2019 (line			11, column (f))		14	%
15	Public support percentage from 2018 Sc	hedule A, Part	II, line 14 .			15	%
16a	331/3% support test -2019. If the organ	ization did not	check the bo	x on line 13, a	nd line 14 is 3	31/3% or more,	, check this
	box and stop here. The organization qua						
b	331/3% support test - 2018. If the organ					ıs 331/3% or m	
	this box and stop here. The organization	•	• •	_			▶ ⊔
17a	10%-facts-and-circumstances test-2	019. If the org	anızatıon dıd r	not check a bo	ox on line 13, 1	l6a, or 16b, an	id line 14 is
	10% or more, and if the organization m	eets the "facts	-and-circumst	ances" test, c	neck this box	and stop here	Explain in
	Part VI how the organization meets the	"facts-and-circ	cumstances" te	est. The organ	ization qualifie	s as a publicly	supported
	organization						· · · • 💆 📙
b	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organization is Explain in Part VI how the organization is	ation meets th	ne "tacts-and-	circumstances	The organizat	ion qualifies of	stop nere.
	supported organization	meets the Tac	no-anu-circum	stations lest	me organizat	ion quaimes at	
10	Private foundation. If the organization d	 Id not check a	hox on line 13	 16a 16b 17	a. or 17b. ched	k this box and	····
18	instructions						▶ □

Concau	C 74 (1 OHH 000 01 000 EE) = 0.10						
Part	Support Schedule for Organiza	tions Descr	ibed in Secti	on 509(a)(2)	ton falloc	t to avolific up	dar Dala II
	(Complete only if you checked th						der Part II.
\ \ - \ \	If the organization fails to qualify	under the te	sts listed beit	ow, please co	mpiete Fart		
	on A. Public Support	(a) 201E	(b) 2016	(a) 2017	(d) 2018	(e) 2019	(f) Total
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2015	(b) 2016	(c) 2017	(0) 2018	(e) 2019	(i) Total
1	received. (Do not include any "unusual grants.")		-				
2	Gross receipts from admissions, merchandise					 	· -
-	sold or services performed, or facilities						
	furnished in any activity that is related to the						
•	organization's tax-exempt purpose	· 					
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
_	'				/		
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
•	-						**-
6 72	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3			/_/_		-	
<i>,</i> a	received from disqualified persons .						
	· · ·	-		/ -	 		
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b		- /	-			
с 8	Public support. (Subtract line 7c from		/		<u> </u>		
0	line 6.)						
Secti	on B. Total Support		<u> </u>	l,	<u> </u>	<u>. </u>	
	dar year (or fiscal year beginning in)	(a) 201,5	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(4) 20 .0	(2) 2010	(6) 25	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	(0, 2010	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,				1		
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less	7					
_	section 511 taxes) from businesses			ļ			
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add Jines 9, 10c, 11,			1		[
	and 12.) /					_	
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he	re <u></u>	<u></u>	<u> </u>		<u> </u>	▶ 🗖
Secti	on C. Computation of Public Suppor					· •	
15	Public support percentage for 2019 (line	8, column (f), c	divided by line	13, column (f))			%
16	Public support percentage from 2018 Sci	hedule A, Part	III, line 15 .	<u></u>		_ 16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2019 (ımn (f))	17	%
18	Investment income percentage from 2018	Schedule A,	Part III, line 17			18	%
19a	331/3 support tests - 2019. If the organ	ization did not	check the box	x on line 14, a	nd line 15 is n	nore than 331/39	%, and line
	17 s not more than 331/3%, check this box						
b	331/3% support tests—2018. If the organize						
	line 18 is not more than 331/3%, check this		_				
20	Private foundation. If the organization de	id not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	ctions 🕨 🗌

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	an v	<u>·) </u>	
<u>Secti</u>	on A. All Supporting Organizations			
	And all of the automatical automatical automatical listed by name in the avacatization's governing		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	7	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		1
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			<u> </u>
	(b) and (c) below.	3a		1
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	2h	 -	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3b	ļ	<u> </u>
C	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			\vdash
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	 	1
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			<u> </u>
	despite being controlled or supervised by or in connection with its supported organizations.	4b	L	
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		 —	
.	purposes.	4c	ļ	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		1
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			<u> </u>
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		-	
-		6		1
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			1
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		1
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			Ė
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		1
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			.
_	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	<u> </u>	├ ✓
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		 	
_	the supporting organization had an interest? If "Yes," provide detail in Part VI. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9b	-	1
С	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	 	1
102	Was the organization subject to the excess business holdings rules of section 4943 because of section	1	 	+ *
ıva	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		1	
	supporting organizations)? If "Yes," answer 10b below.	10a	1	7
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

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Page	.5

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Part	V Supporting Organizations (continued)			
		لـــــا	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
` a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		✓
b	A family member of a person described in (a) above?	11b		✓
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		✓
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	_	
Secti	on D. All Type III Supporting Organizations	<u> </u>		
00011	on b. All Typo III oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	7	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	 -	_	
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	7	
•		-	-	-
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
0 4		<u> </u>	V	
	on E. Type III Functionally Integrated Supporting Organizations		-41	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	cuons	s).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	/aaa .a	_+	ianal
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	see in	Yes	
2	Activities Test. Answer (a) and (b) below.		162	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<u> </u>		
_		2a	<u> </u>	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	<u> </u>	
3	Parent of Supported Organizations. Answer (a) and (b) below.	İ		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	I	l

emergency temporary reduction (see instructions).

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A-Adjusted Net Income (optional) 1 1 Net short-term capital gain \$0 \$0 2 2 Recoveries of prior-year distributions \$0 \$0 3 3 Other gross income (see instructions) \$30,816 \$16,414 4 Add lines 1 through 3. 4 \$30.816 \$16.414 5 5 Depreciation and depletion \$0 \$0 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 \$26,263 \$6768 7 7 Other expenses (see instructions) \$0 \$0 8 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) \$4,553 \$9646 (B) Current Year (A) Prior Year Section B-Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a \$78,238 \$78,177 1b **b** Average monthly cash balances \$149,911 \$202,423 c Fair market value of other non-exempt-use assets 1c \$1051 \$977 d Total (add lines 1a, 1b, and 1c) 1d \$229,200 \$281,577 e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 \$0 2 Acquisition indebtedness applicable to non-exempt-use assets \$0 3 3 Subtract line 2 from line 1d. \$229,200 \$281,577 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). \$4224 \$3438 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) \$225,762 \$277,353 6 6 Multiply line 5 by .035 \$7902 \$9707 7 7 Recoveries of prior-year distributions \$0 **\$0** 8 8 Minimum Asset Amount (add line 7 to line 6) \$7902 \$9707 **Current Year** Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 \$4,553 2 Enter 85% of line 1. 2 \$3870 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 \$7902 4 Enter greater of line 2 or line 3. 4 \$7902 5 Income tax imposed in prior year 5 \$0 6 Distributable Amount. Subtract line 5 from line 4, unless subject to

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6

\$7902

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		\$3190
2			rted	
	organizations, in excess of income from activity			\$0
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations	\$203
4	Amounts paid to acquire exempt-use assets			\$0
5	Qualified set-aside amounts (prior IRS approval required)			\$0
6	Other distributions (describe in Part VI). See instructions.			\$0
7	Total annual distributions. Add lines 1 through 6.			\$3393
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	th the organization is res	ponsive	\$3190
9	Distributable amount for 2019 from Section C, line 6			\$7902
10	Line 8 amount divided by line 9 amount			0.404
Secti	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			\$7902
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.		\$0	
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015	 		
	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e	\$439,825		
g	Applied to underdistributions of prior years		\$0	
h	Applied to 2019 distributable amount			\$4509
i_	Carryover from 2014 not applied (see instructions)	\$0		
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	\$435,316		
4	Distributions for 2019 from			
	Section D, line 7: \$ 3393			
a	Applied to underdistributions of prior years		\$0	
b	Applied to 2019 distributable amount			\$3393
c	Remainder. Subtract lines 4a and 4b from 4.	\$0		
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		\$0	
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			\$0
7	Excess distributions carryover to 2020. Add lines 3j and 4c.	\$435,316		
8	Breakdown of line 7:	ļ		
а				,
b	Excess from 2016 \$81,004			
<u>c</u>	Excess from 2017			
d				
e	Excess from 2019 \$6)	<u> </u>	<u>L</u>

Part VI Supplement

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part IV. Section D. Question 3.
The organization's purposes are to (a) receive and administer contributions of money, securities, or anything of value for scientific,
educational, & charitable purposes directly related to Morgantown High School; and (b) footer and enhance educational opportunities of the
students of MHS through grants and contributions to the school, any separate and distinct educational department or division thereof, or any
student/faculty of MHS. The purposes for which the organization is organized are confined to those that are strictly scientific, educational,
organization's mission is to effectively prepare Morgantown High School students to be successful in the rapidly changing world of the 21st
century. Morgantown High School is a public school located in Morgantown, Monongalia County, West Virginia.
The board of directors of the organization is comprised of 14 individuals, 6 of which are selected by the supported organization (MHS). The
principal of MHS appoints one of the organization's board members, one board member is the Senior Class President, one board member is
the Student Council President, and 3 board members are faculty selected by Faculty Senate. The remaining board members of the
organization are comprised of a parent representative, alumni, and friends The organization's board of directors elected the Principal's
designated board member as the organization's Treasurer. The board of directors may vote to direct investment policies, timing of grants,
manner of making grants, and other use of income or assets. The board sets budgets, evaluates grant requests, and assists with fundraising,
alumni, and other charitable activities related to MHS. Additionally, the organization requires grant applications (see Schedule I)
be signed/approved by MHS's Principal and applicable school department chairperson, as well as be approved by a majority of the
organization's board of directors. Grant recipients are required to submit a Grant Follow-Up Report (see attachment to Schedule I) detailing
the utilization and outcome that resulted from the matter supported by the grant. The principal of MHS regularly attends the organization's
board meetings and provides a report as to pertinent school-related matters. Thus, the supported organization has an adequate relationship
with the supporting organization and, because of this relationship satisfies the significant voice test. Also, the supporting organization
engages in activities for or on behalf of the governmental supported organization (MHS) that perform the functions of, or carry out the
purposes of, that governmental organization and that, but for the involvement of the supporting organization, would normally be engaged
in by the governmental supported organization itself.
Part V Morgantown High School (MHS) is the supported organization. Morgantown High School Foundation, Inc. (MHSF) met the
notification requirement in Part IV, Sect. D, linc 1. MHSF is responsive to MHS; relationship & significant voice regimts are described above;
MHSF distributed at least 1/3 of its distributable amt to MHS & Part IV, Sect. D Lines 2-3 responsiveness test is met, & integral part test is met.
MHS is attentive to MHSF; the amt received from MHSF is a sufficient part of MHS's total support; the relationship has existed since 1996,
MHS is the sole supported organization by MHSF, the amount of support is material, and the funds are for important purposes stated above.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

Name o	f the on	ganization		Emplo	yer identification number
<u>Morq</u> aı	ntown	High School Foundation, Inc.			55-0749989
Par		Organizations Maintaining Donor Advi		s or A	Accounts.
		Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds		(b) Funds and other accounts
1		number at end of year			
2		egate value of contributions to (during year) .			
3	Aggre	egate value of grants from (during year)			
4	Aggre	egate value at end of year			
5		he organization inform all donors and donor are the organization's property, subject to the			
6	only 1	ne organization inform all grantees, donors, ar for charitable purposes and not for the benefi erring impermissible private benefit?	t of the donor or donor advisor, or fo	r any o	
Part	_	Conservation Easements.			
		Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.		
1	Purpo	ose(s) of conservation easements held by the			
	•	eservation of land for public use (for example, recre	•	f a hist	torically important land area
	☐ Pr	otection of natural habitat	☐ Preservation o	f a cer	tified historic structure
	☐ Pr	eservation of open space			
2	Com	olete lines 2a through 2d if the organization he	ld a qualified conservation contribution	ın the	e form of a conservation
	easer	ment on the last day of the tax year.	•	ſ	Held at the End of the Tax Year
а	Total	number of conservation easements		. [2a
b	Total	acreage restricted by conservation easements	s <i></i>	. [2b
С	Numl	per of conservation easements on a certified h	istoric structure included in (a)	. [2c
d		per of conservation easements included in (ric structure listed in the National Register	c) acquired after 7/25/06, and not o	na [2d
3	Num!	per of conservation easements modified, trans	sferred, released, extinguished, or tern	nınated	d by the organization during the
4	•	per of states where property subject to conser	vation easement is located ▶		
5	Does	the organization have a written policy regions, and enforcement of the conservation eas	arding the periodic monitoring, insp		
6		and volunteer hours devoted to monitoring, inspec			
7	Amoi	 int of expenses incurred in monitoring, inspectin	a handling of violations, and enforcing	conser	vation easements during the year
•	▶ \$	ant of expenses meaned in monitoring, inspecting	g, mandaling or violations, and officioning t	3011001	valien substitution adming the year
8		each conservation easement reported on line	2(d) above satisfy the requirements of s	ection	170(b)(4)(B)(i)
0		•			
9		rt XIII, describe how the organization reports c			
3		ice sheet, and include, if applicable, the text of			
		nization's accounting for conservation easeme			
Part		Organizations Maintaining Collections		Other	Similar Assets.
		Complete if the organization answered "			
12	If the	organization elected, as permitted under FAS		e state	ement and halance sheet works
14		t, historical treasures, or other similar assets			
		ce, provide in Part XIII the text of the footnote			
ь		organization elected, as permitted under FAS			
J	art, h provi	istorical treasures, or other similar assets held de the following amounts relating to these item	for public exhibition, education, or res	earch	in furtherance of public service,
	(i) Re	evenue included on Form 990, Part VIII, line 1			. • \$
	(ii) As	ssets included in Form 990, Part X			. ▶ \$
2	If the	e organization received or held works of art, ving amounts required to be reported under FA	historical treasures, or other similar		
а		nue included on Form 990, Part VIII, line 1			. ▶ \$
b		ts included in Form 990, Part X			

Dage	2

Part	III Organizations Maintainin	g Coll	ections of	Art, His	torical T	reasures	or Ot	her Similar A	ssets (co	ontinued)
3	Using the organization's acquisition collection items (check all that apply		ssion, and of	ther reco	ds, chec	k any of the	e follov	ving that make	significan	t use of its
` a	☐ Public exhibition			d	☐ Loan (or exchang	e progr	am		
b	☐ Scholarly research			e	Other				·	
C	☐ Preservation for future generation	s								
4	Provide a description of the organiz XIII.	ation's	collections	and expla	ain how t	hey further	the org	janization's exe	mpt purp	ose in Part
5	During the year, did the organizatio assets to be sold to raise funds rathe									es 🗌 No
Part	Escrow and Custodial Art Complete if the organization 990, Part X, line 21.			" on For	m 990, F	Part IV, line	9, or	reported an a	mount o	n Form
1a	Is the organization an agent, truste included on Form 990, Part X?.							other assets r		es 🗌 No
b	If "Yes," explain the arrangement in	Part XI	II and compl	ete the fo	llowing ta	able:				
							<u> </u>		Amount	_
C	Beginning balance						10			
d	Additions during the year						10			
e	Distributions during the year .						1e	_	***	
f	Ending balance						1f			- No
2a b	If "Yes," explain the arrangement in									
	t V Endowment Funds.				·		·			
	Complete if the organization	n ans	wered "Yes	on For	m 990, F	Part IV, line	e 10.			
	.	(a)	Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years bad	ck (e) Fou	r years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships	<u> </u>								
е	Other expenditures for facilities and programs									
f	Administrative expenses			ļ						
g	End of year balance	Ļ		L		<u> </u>				
2	Provide the estimated percentage of				e (line 1g	, column (a)) held	as:		
a	Board designated or quasi-endowm			%						
b	Permanent endowment		•							
C	Term endowment ► 9 The percentages on lines 2a, 2b, and		ould equal 1	nn%						
3a	Are there endowment funds not in t		•		zation tha	at are held	and ad	ministered for t	he	
	organization by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related	organi	zations listed	d as requi	red on So	chedule R?			. 3b	LL.
4	Describe in Part XIII the intended us			on's endo	wment fi	unds.				
Pari	t VI Land, Buildings, and Equ							0 5 000		l: 40
	Complete if the organization	n ans	i e		T					
	Description of property		(a) Cost or o (investri			or other basis ther)		Accumulated epreciation	(d) Bo	ok value
1a	Land	•							_	
b	Buildings	•			ļ					
C	Leasehold improvements	•								
d	Equipment	•			 					
E Total	Other	must i	equal Form 9	000 Part	Y column	(R) line 10)c)			
rotal.	. Add iiiles ta tillough te (Column (d)	musit	squai i Ullii 9	ou, i ait.	, coluill	, יווו, אין, וווופ	,.,	<u>.</u> ▶		

Part VII	Investments - Other Securities.			
•	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11b. See Form	990, Part X, line 12.
•	(a) Description of security or category (including name of security)	(b) Book value		hod of valuation -of-year market value
(1) Financial	derivatives			
(2) Closely h	eld equity interests			
(3) Other				
/ 4 \				
(B)				
(C)				<u></u>
(D)				
(E)				
(F)		<u> </u>		
(G)		-		
(H)	nn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶			
Part VIII	Investments – Program Related.			
Part VIII	Complete if the organization answered "Yes" on For	m 990 Part IV line	e 11c. See Form	990 Part X line 13
	(a) Description of investment	(b) Book value		hod of valuation
	(a) Description of investment	(b) book value		-of-year market value
(1) GOLDMA	IN SACHS GROUP CUSIP 38143CGU9	\$20,000	Cost	
	IRAL UTIL COOP FIN CORP CUSIP 63743FUL8	\$18,000	_	
	NANCE CORP CUSIP 40429CGD8	\$20,000		
	OTOR CREDIT CO CUSIP 34540THM7	\$10,000		
	ERING INTL INC CUSIP 675232AA0	\$10,177		
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .	\$78,177		
Part IX	Other Assets.	000 5 1011	44.10.5	000 D-1V I 45
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	· · · · · · · · · · · · · · · · · · ·
	(a) Description			(b) Book value
(1)				'
(2)				
(3)				
(4)			<u> </u>	
(6)				
(7)		-		
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		▶	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11e or 11f. Se	e Form 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal ır	come taxes	· · · -,,-,		
(2)				
_(3)				<u></u>
_(4)				
_(5)				·
(6)				
		*		
(9)	ma (h) must aqual Form 000. Bort V. cal. (D) line 05.)		k	·
	mn (b) must equal Form 990, Part X, col. (B) line 25.)	ote to the erapization	n'e financial stateme	ante that reporte the
organization	runcertain tax positions. In Part XIII, provide the text of the footh s liability for uncertain tax positions under FASB ASC 740. Checl	k here if the text of the	n o illianciai StateMe Afootnote has heen	provided in Part XIII
organization.	s liability for uncertain tax positions under 1 ASD ASC 740. Offect	CHOICH THE TEXT OF THE	- ICOLLIOIC HAS DEELI	provided in Fall All .

Part	ΧI	Reconciliation of Revenue per Audited Financial Stateme	ents	With Revenue per	Retur	n.
	•	Complete if the organization answered "Yes" on Form 990, I	Part I	V, line 12a.		
1	Total	revenue, gains, and other support per audited financial statements			1	
`2	Amo	unts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	unrealized gains (losses) on investments	2a			
b	Dona	ated services and use of facilities	2b			
C	Reco	overies of prior year grants	2c			
d	Othe	er (Describe in Part XIII)	2d			
е	Add	lines 2a through 2d			2e	
3		tract line 2e from line 1			3	<u> </u>
4	Amo	unts included on Form 990, Part VIII, line 12, but not on line 1:				
а		stment expenses not included on Form 990, Part VIII, line 7b .	4a			
b		er (Describe in Part XIII.)	4b			
С	Add	lines 4a and 4b			4c	_
5		I revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	<u></u>
Part	XII				er Ret	urn.
		Complete if the organization answered "Yes" on Form 990, I				
1		l expenses and losses per audited financial statements			1	
2		unts included on line 1 but not on Form 990, Part IX, line 25:	1 -	ı		
а		ated services and use of facilities	2a			
b		year adjustments				
C		er losses				
d		er (Describe in Part XIII.)				
е		lines 2a through 2d			2e	
3	•	ract line 2e from line 1	. ·		3	·
4		unts included on Form 990, Part IX, line 25, but not on line 1:	١.	•		
a		stment expenses not included on Form 990, Part VIII, line 7b	-			
b		er (Describe in Part XIII.)	4b	· · · · · · · · · · · · · · · · · · ·		
		lines 4a and 4b			4c	
5		I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.	e 10.)	<u> </u>	5	
		descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	ovide any additional in	nformat	tion
						•••••
						
			-			

Schedule D (For	orm 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
•		
		•••••••••••
		••••••
		•••••••••••
		•••••••••••••••••••••••••••••••••••••••

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Internal Revenue Service Name of the organization **Employer identification number** 55-0749989 Morgantown High School Foundation, Inc. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e

Solicitation of non-government grants а ☐ Mail solicitations f Solicitation of government grants b ☐ Internet and email solicitations g

Special fundraising events □ Phone solicitations ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, ☐ Yes ☐ No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (or retained by) fundraiser listed in (iv) Gross receipts (i) Name and address of individual custody or control of contributions? (ii) Activity (or retained by) from activity or entity (fundraiser) organization col (i) Yes No 1 2 3 4 5 6 7 8 9 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

•		gross receipts greater tha	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			5K Run/Walk (event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	\$7652			
۱ ۳	2	Less: Contributions	\$7600			
	3	Gross income (line 1 minus line 2)	\$52			
	4	Cash prizes	\$0			-
	5	Noncash prizes	\$0			
sesue	6	Rent/facility costs	\$50			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Direct Expenses	7	Food and beverages	\$0			
Dire	8	Entertainment	\$0			
	9	Other direct expenses .	\$0		<u> </u>	
	10	Direct expense summary. Ac			•	\$50
	11	Net income summary. Subtra	act line 10 from line 3. c	olumn (d)	🕨	\$2
Pa	11 rt III	Gaming. Complete if th \$15,000 on Form 990-E.	e organization answe		990, Part IV, line 19,	s2 or reported more than
		Gaming. Complete if th	e organization answe			
Revenue 3		Gaming. Complete if th	e organization answe Z, line 6a.	ered "Yes" on Form (b) Pull tabs/instant	990, Part IV, line 19,	or reported more than
Revenue	rt III	Gaming. Complete if th \$15,000 on Form 990-E	e organization answe Z, line 6a.	ered "Yes" on Form (b) Pull tabs/instant	990, Part IV, line 19,	or reported more than
Revenue	1	Gaming. Complete if th \$15,000 on Form 990-E.	e organization answe Z, line 6a.	ered "Yes" on Form (b) Pull tabs/instant	990, Part IV, line 19,	or reported more than
Expenses Revenue	1 2	Gaming. Complete if th \$15,000 on Form 990-E. Gross revenue	e organization answe Z, line 6a.	ered "Yes" on Form (b) Pull tabs/instant	990, Part IV, line 19,	or reported more than
Revenue	1 2 3	Gaming. Complete if th \$15,000 on Form 990-E. Gross revenue Cash prizes Noncash prizes	e organization answe Z, line 6a.	(b) Pull tabs/instant bingo/progressive bingo	990, Part IV, line 19,	or reported more than
Expenses Revenue	1 2 3 4	Gaming. Complete if th \$15,000 on Form 990-E	e organization answe Z, line 6a.	ered "Yes" on Form (b) Pull tabs/instant	990, Part IV, line 19,	or reported more than (d) Total gaming (add col (a) through col (c))
Expenses Revenue	1 2 3 4 5	Gaming. Complete if th \$15,000 on Form 990-E. Gross revenue	e organization answer Z, line 6a. (a) Bingo Yes% No	(b) Pull tabs/instant bingo/progressive bingo	990, Part IV, line 19, (c) Other gaming	or reported more than (d) Total gaming (add col (a) through col (c))
Expenses Revenue	1 2 3 4 5 6	Gaming. Complete if th \$15,000 on Form 990-E. Gross revenue	e organization answer Z, line 6a. (a) Bingo Yes% No	Yes % Olumn (d)	990, Part IV, line 19, (c) Other gaming Yes% No	or reported more than (d) Total gaming (add col (a) through col (c))

b If "Yes," explain.

Schedu	tle G (Form 990 or 990-EZ) 2019		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		□ No
13	Indicate the percentage of gaming activity conducted in:	_	_
а	The organization's facility		%
ь	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	_	
	Name ▶		
	Address ▶		·····
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
.00	revenue?		□No
h	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
~	amount of gaming revenue retained by the third party ► \$		
c	If "Yes," enter name and address of the third party:		
•	in 100, Otto Hamo and address of the lime party.		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶	. 	
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
a	retain the state gaming license?	☐ Yes	□ No
ь	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	_	
	and the time of the company of the c		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.	(iii) and (nal infor	v); and mation.

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

~

Open to Public Inspection

% □

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV. line 21, for any recipient that received more than \$5,000. Part II can be dublicated if additional space is needed. Employer identification number ✓ Yes 55-0749989 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Go to www.irs.gov/Form990 for the latest information. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Morgantown High School Foundation, Inc. Department of the Treasury Internal Revenue Service Name of the organization Part Part II

ו מונוץ, וווכבין, וכן מוץ וכסוףוכות מומנוכסולכם הומני לכליסכן. מתו כל מקףוסמנכם וו מכמונים כל הכליכים	is a complete tricks			ander or deport	יכם וו מסמונוסוומו		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Morgantown High School 109 Wilson Ave, Morgantown, WV	556000366	509(a)(1)	\$3190	0\$			Educational & charitable
(2)							programs & materials
(3)							benefiting MHS, faculty,
(4)							staff, & students
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government or	n 501(c)(3) and gov	vernment organiza	ganizations listed in the line 1 table	ne 1 table			0
3 Enter total number of other organizations listed in the line	organizations listed	In the line 1 table					-
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.		Ca	Cat No 50055P		Schedule I (Form 990) (2019)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2019)
Part III Grants ar

rati III cali de duplicated II additional space is II	al space is ileeded				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount or cash grant	(a) Amount of noncash assistance	(e) method of valuation (book, FMV, appraisal, other)	(I) Description of norbasti assistance
1 Class of 1964 Scholarship (Tuition/Board/Books)	-	\$250	80		
2 Murphy Scholarship (Tuition/Board/Books)		\$300	0\$		
3 Class of 1967 Scholarship (Tuition/Board/Books)	-	8500	0\$		
	1	\$350	08		
5 Vitalant Blood Drive Schol. (Tuttion/Board/Books)	1	\$2750	0\$		
6 Shelley A. Marshall Foundation Writing Contest	-	\$250	0\$		
7 Shelley A. Marshall Foundation Writing Contest 1 \$250 \$0 \$0 Foundation Writing Contest 1 Foundation Provide the information Port line 2: Part Column (h): and any other additional information	1 the information r	\$250	\$0 80 80	(h): and any other additi	information
ap					
	1	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
					Schedule I (Form 990) (2019)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2019)
Part III Grants ar

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book.	(f) Description of noncash assistance
	recipients	cash grant	noncash assistance	FMV, appraisal, other)	
1 Registration for NCTE National Convention	2	\$620	0\$		***
2 Youth In Gov't & Model Supreme Ct. Registration	2	\$530	0\$		
3 World annuane Fxno Professional Develonment	-	\$365	0\$		
4 Hurth O'Brian Vouth Landership Conference		8620	O\$		
5 Bureau of Ed. & Research Conf. Registration Fee	-	\$279	0\$		
6 Class of 1963 Scholarship (Tuition/Board/Books)	1	\$500	0\$		
SS	-	005\$	0\$	17.1	1
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information re	equired in Part I, lin	e 2; Part III, columr	(b); and any other additi	ional information.
See grant application & follow-up report.					
					Schedule I (Form 990) (2019)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2019)
Part III Grants ar

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Sigley Scholarship (Tuition/Board/Books)	1	\$250			
2					
3				į	
4					
5					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information r	equired in Part I, line	e 2; Part III, column	(b); and any other additi	onal information.
See grant application & follow-up report.					
	1		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
			4 4 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
					Schedule I (Form 990) (2019)

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number Name of the organization Morgantown High School Foundation, Inc. 55-0749989 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2)(3)(4)(5) (6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship (c) Purpose of (e) Onginal (g) In default? (d) Loan to or (f) Balance due (h) Approved (i) Written (a) Name of interested person by board or agreement? with organization from the principal amount loan committee? organization? Yes No Yes Yes No From (1) (2)(3)(4)(5)(6)(7)(8)(9)(10)**Total Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

<u>`</u>			· · · · · · · · · · · · · · · · · · ·	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) Michele Kelly	Board of Directors	\$279	Grant	Bureau of Education &
(2)				Research Conference
(3)				Registration Fee
(4)	·			
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV	Business Transactions Invol Complete if the organization a	ving Interested Persons. Inswered "Yes" on Form 99	0, Part IV, line 28a,	28b, or 28c.		
,	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
(1)					Yes	No
(1) (2)						
(3)						
(4)					<u> </u>	<u> </u>
(5)					<u> </u>	
(6) (7)	33333.					-
(8)						
(9)						
(10)						İ
Part V	Supplemental Information. Provide additional information	for responses to questions	s on Schedule L (see	e instructions).		
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2019

Open to Public Inspection

Employer Identification number

Morgantown High School Foundation, Inc.	55-0749989
990 Part VI, line 11b: Form 990 is reported as completed and offered for review by the Treasurer to the Bo	
meeting and filed with the organization's financial records and available for review at any time immediately	
990 Part VI, line 19: The organization's Board of Directors will facilitate review by the general public of the	organization's governing
documents, conflict of interest policy (if any), and financial statements, upon request.	
990 Part VI, line 7a: Bylaws provide for 14-member governing Board of Directors; 1 director is designated	by the Principal of Morgantown
High School; 3 faculty directors are selected by the MHS's faculty senate; 1 director is the Senior Class Pr	esident; 1 director is the Student
Council President; remaining 8 directors are selected by Board of Directors	

Schedule O (Form 990 or 990-EZ) (2019)	P	'age 2
Name of the organization	Employer identification number	
		•
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